

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	WA		10-10-01
<b>O.I.P.E. CLASSIFIER</b>		49	10/11/01
<b>FORMALITY REVIEW</b>	P. B.	1127	11/09/01
<b>RESPONSE FORMALITY REVIEW</b>	MTB	954	3/8/02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 : ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	8/16/01
2	1/23/02
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50	✓

Claim	Date
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51	✓
52	✓
53	✓
54	✓
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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TAPE 110  
3/8/02  
JCP  
11/9/01